

NOTE ON ACUTE NEURATROPHIC INSANITY IN THE AGED.

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WHEN insanity falls upon the advanced in years we are apt, at first view, if our experience in clinical psychiatry be not various and discriminating, to conclude that we have under observation a mania of senility. This is especially the case if the insanity displays itself in the psychical failure and loss of power, rather than perversion of the faculties, which characterize dementia. In short, when the mind of an old man gives way, senile dementia suggests itself, *prima facie*, to the alienist and to the general practitioner alike, as the proper classification, and, in the majority of cases, it is the conclusion *a fortiori* which the history and all the facts sustain. But, either because of defective observation in former years, or in consequence of a difference in the character of the patients with whom we were familiar up to within a little more than a decade past, we had encountered few cases, if any, in persons of very advanced age in whom the senility was not the essential and adequate causative factor of the mental overthrow.

Similar experience, not corrected by later and wider observation, probably prompted the following criticism :

"ACUTE DEMENTIA IN AN OLD MAN.—Dr. C. H. Hughes (*Alienist and Neurologist*, April, 1882) reports a case of what he

denominates acute dementia in a man aged sixty-four. The case is reported as having recovered, but not without straining can the case be called acute dementia or the result recovery. The psychical phenomena related seem rather to indicate senile dementia, somewhat modified by treatment."—*Vide JOURNAL OF NERVOUS AND MENTAL DISEASE*, July, p. 44.

Here is plainly apparent the bias of the prejudice of the experience of the past. The dementia is conceded but the impossibility of its being acute doubted, and the result as announced in recovery, is questioned.

A scepticism based on past records concerning the possibility of acute dementia occurring in old persons (as it is often observed in the young), is liable to lead us to those hasty and ill-considered conclusions of the reason which vitiate diagnosis, and cause us to sometimes deliver prognostications greatly damaging to the most vital interests of old men engaged in active business pursuits, for it is upon such men, engaged "in enterprises of great pith and moment," and temporarily overstrained by some pressing and unavoidable emergency of business, that neuratrophic cerebrasthenia and consequent psychical prostration are peculiarly liable to fall. They are as liable to psychical as they are to physical exhaustion and their consequences, and more prone, notwithstanding they are supposed to be more prudent than the young, to the disastrous psychical consequences of sudden over-mental strain.

Before the multiplication of cities that characterizes the present age, when husbandry and pastoral pursuits possessed a greater charm than now for men of enterprise and energy in the thickly settled States, fewer old men then precipitately broke down in mind. Telegraphs, telephones, railroads, electric lights, and the many new mental motor influences and stimuli, unheard of in the days of our grandfathers and great-grandfathers, now cause the old as well as the young to fail prematurely; and amid the hastened mental

decay, apparent usually in irretrievable gradations accompanied with those never-failing signs of irreparable decline which the experienced may certainly discover, we occasionally see in old men (and more often than our predecessors in clinical psychiatry saw them, or at least have recorded them), cases of sudden mental collapse unaccompanied by those physical evidences of marked senility, and unpreceded by those gradually unfolding evidences of mental failure which betoken and foreshadow the final failure and collapse of the mental powers.

There is an insanity of vigorous as well as of decrepid senescence, and when the psychical symptomatology forms a picture of dementia the diagnosis is most apt to be, if not most circumspectly made, senile dementia, and the prognosis hopeless; yet it is this very form in which there is the greatest possibility of mistake in diagnosis, and the most hope of a possible recovery, *if the accession of the mental disorder be sudden.*

An old brain as well as a young one may yield to overwhelming causes of sudden exhaustion. Its nutrition may be inadequate to repair its daily waste, in consequence of some temporary over-strain, and it may fail in its normal functions before the time when Nature's fiat wills it in inevitable and irreparable degenerative changes.

The case referred to in the above-quoted criticism was of this character. The gentleman is old but yet he is young, with an ancestral life-warrant of lengthened days beyond the average, and an antecedent personal early life history of vigorous developing influences. He has neither failure of memory nor presents evidence, psychical or physical, of the decline of life.

He has resumed his labors, more temperately than before and wiser for his experience, but not less efficiently for his pecuniary interests, which are daily being promoted by his attentions and services.

Another case in another state not quite similar but much like it has since fallen under our observation. The old man was much older—over seventy years—and the sequel was a recovery of the dementia symptoms with persistence of some morbid peculiarities due to the lasting cerebral degenerate changes of age. At the same time a young man stricken with neuratrophic prostration of brain (he was a physician, and both reside in the same place). The young man completely recovers, because trophic restoration was possible, and the equilibrium between cerebral waste and repair is balanced. The old man's recovery is only partial, because something more than neuratrophia and exhaustion constitute the pathology of his malady. But in the old man reported in my journal for April he recovered as a young man would.

Dr. H., of N., Ill., may some day give a complete history of the old and young man here referred to. But such records only encumber the literature of psychiatry.

The facts about senile aberration are these, so far as we have been enabled to discern them :

1. The characteristic of natural senility is gradual decline of the powers. Morbid senility may be more rapid than natural, but a *precipitate prostration of the mental powers, all of them simultaneously, is a suspicious circumstance that should be looked upon with prognostic favor.*

2. The mental changes of the predestined to senile insanity come on, like the atheromatous and other degenerative changes, slowly and insidiously : a few evidences of silly emotion or "words sounding to folly" are first displayed or uttered by these patients, then more words and more displays of causeless feeling, or folly, until finally delusion becomes unmistakable; or the causeless aversion which is finally to alienate him from his family begins in childish dislike, or, if dementia is impending, the memory fails in

specials, increasing gradually in regard to number of near objects, events, and friends, till the registered impressions of the past are soon obliterated from the brain, and the mind is "*sans* every thing." These changes come more rapidly in the alienated than they come in the normal decline of life, *pari passu* with the failure of sight and taste and hearing, etc., but they never come precipitately, in consequence of some sudden overpowering mental strain, as is the case in that form of acute dementia in the aged which is sometimes curable and especially so if our search for evidences of the inroads of age reveals none of those recognizable signs of irreparable physical degeneracy which are incompatible with normal cerebral function under ordinary mental strain.